

Participant's Evaluation

Please circle the number that most closely represents your opinion about this program.

		Fully Dis- Agree	Dis- Agree	Neutral	Agree	Fully Agree
1.	The program format was appropriate	1	2	3	4	5
2.	The information was valuable	1	2	3	4	5
3.	The incentives to participate were adequate	1	2	3	4	5
4.	The program activities were useful	1	2	3	4	5
5.	The time it took to complete the program was acceptable	1	2	3	4	5
6.	The program was good overall	1	2	3	4	5
7.	I would recommend this program to someone else	1	2	3	4	5
8.	What did you like best about the program? _____					

9.	What did you like least? _____					

10.	What safety changes (will you, did you) make as a result of this program?					

(List others on back.)

Please use the back of this sheet for any further comments. Thank you for your time.